

## Clinical Image

# A Non-Aspergillosis Cause of Air Crescent Sign

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## Keywords

Air Crescent Sign; Lung Cancer; Chemotherapy

## Abbreviations

CT: Computed Tomography

## Clinical Image

A 65 old man, with a history of heavy smoking was diagnosed with pulmonary adenocarcinoma. The initial chest CT showed a solid mass in the upper left lobe (Figure 1).

Post-chemotherapy chest CT revealed a cavitary lesion with an air-crescent sign (Figure 2). The resulting aspect is an expression of the necrotic excavation of the tumor.

The increased granulocyte activity causes the tumor to necrosis, then the liquefied material is evacuated completely or partially

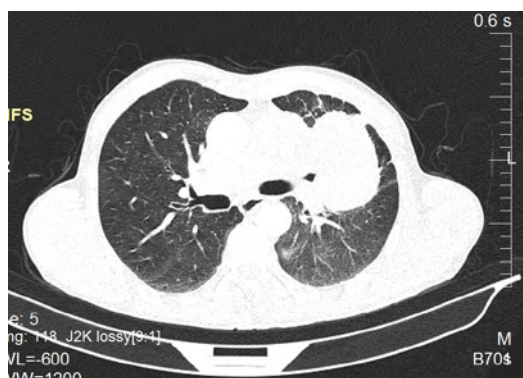


Figure 1: A chest CT-Scan in axial reconstruction revealing a pulmonary adenocarcinoma in the left upper lobe prior to chemotherapy.

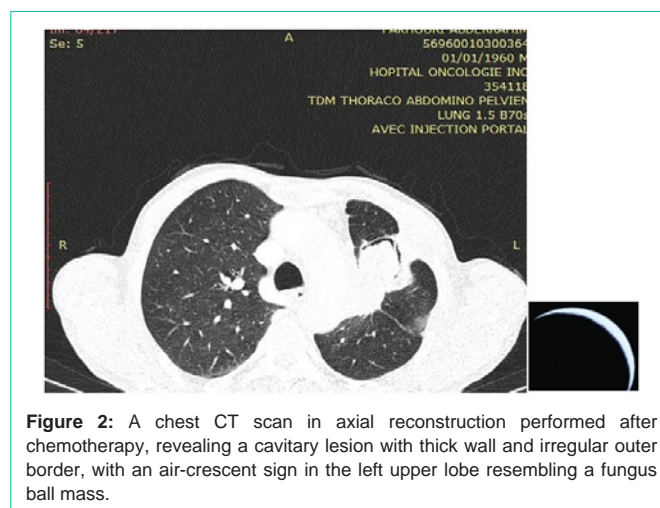


Figure 2: A chest CT scan in axial reconstruction performed after chemotherapy, revealing a cavitary lesion with thick wall and irregular outer border, with an air-crescent sign in the left upper lobe resembling a fungus ball mass.

into a bronchus, leaving a residual lumen filled by air, interposed between the devitalized tissue and the surrounding parenchyma, bearing a likeness to a fungus ball mass frequently recognized by its characteristic radiological appearance that we refer to as: the air crescent, meniscus or cap sign [1].

The physician should keep in mind that particular histological types of lung cancer may present an air-crescent sign, spontaneously or after chemotherapy.

## References

1. Felson B. Chest roentgenology. Philadelphia: WB Saunders Co. 1973; 319: 327-329.